

1/31/94

Philip Morris Promotional Services

Fulfillment Information Form and P.O. Box Request

Use this form to provide the basic, required information about a program. Upon receipt of complete information, a Fulfillment House will be selected and a P.O. Box # assigned. Forward this request to: Philip Morris Fulfillment Administrator, 120 Park Avenue - 8th Floor, New York, New York 10017.

Prepared By: _____
 FIM Marking and Bar Code are normally sent to the Responsible Agency. If Different, Specify Below.

Date Ordered: ____ / ____ / ____

Name: _____ Company Name: _____

Address: _____ City/State/Zipcode: _____

Required Program Information:

Provide ALL of the information requested below:

Program Number: _____
 (Assigned by Fulfillment Admin.)

Brand: Cambridge Program Name: Cambridge B362 F (Retail) Program POS #: _____

Program Description: Free lighter offer for completing survey which is included in packaging

Program Drop Date: 7/4/94 Program Expiration Date: 10/31/94 Est. Redemption Rate: ____ / ____

Type of Inbound Mail: (Check Only One)
☐ Consumer Pays Postage
☐ BRC
☐ BRE - 1 oz. or less
☐ BRE - 2 ozs. or less (more than 1 oz.)

Program To Be Mailed: (for Direct Mail Only)
☐ First Class
☐ Third Class

Total Circulation: 2,004,240

5%

Method of Distribution: For tracking purposes, a separate P.O. Box # will be assigned for each Method and/or placement unless otherwise instructed. Complete Circ. and Est. Redemp. below for each method and/or placement.

Miscellaneous Distribution:

Distribution by Magazine:

On Page ☐ Tip-In ☐ Other ☐

Method	Circ.	Est. Redemp.	P.O.Box Assigned*	Magazine Name	Circ.	Est. Redemp.	P.O.Box Assigned*
Direct Mail	_____	_____	_____	_____	_____	_____	_____
FSIs	_____	_____	_____	_____	_____	_____	_____
On Pack	_____	_____	_____	_____	_____	_____	_____
On Carton	<u>2,004,240</u>	<u>5%</u>	_____	_____	_____	_____	_____
CIP	_____	_____	_____	_____	_____	_____	_____
POS/POP	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____

*For PM Fulfillment Administrator use only.

Use the following address for responses:
 For PSC-fulfilled Programs:

Promotional Services Center
 (Program Name)
 P.O. Box (Box Number Assigned)
 Kankakee, IL _____

For Programs fulfilled by others:

Manager's Signature _____

Date: ____ / ____ / ____

Fulfillment Services were bid out? ☐ Yes ☐ No

A separate Page 2 is Required for **EACH** Fulfillment Item Offered

#4002 FRONT
 PM USA/REV. 8/93

2040407435